ı

PTO/SB/62 (01-06)
Approved for use through 12/31/2009. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Pesework Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application Number 10/784855 REVOCATION OF POWER OF Filing Date 2/23/2004

ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	First Named Inventor	Taggart
	Art Unit	3644
	Examiner Name	Nguyen
	Attorney Docket Number	006943.00608
I hereby revoke all previous powers of attorney given in the above-identified application.		
A Power of Attorney is submitted herewith.		
✓ I hereby appoint the practitioners associated with the Customer Number:		
☐ Please change the correspondence address for the above-identified application to: ☐ The address associated with		
Customer Number:	66811	
OR		

Firm or Individual Name

I am the:

Address Citv State Zip Country Telephone Email

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record

Signature Lars Johnson, Tropicana Products, Inc., Assistant Secretary Name Date Telephone December 19, 2006

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

"Total of ___ forms are submitted.

The collection of information is required by 37 CPR 1.36. The information is required to obtain or nation a benefit by the public which is to tile (and by the USPTO THE collection of information is required by 37 CPR 1.36. The information is required by 37 CPR 1.36. The information is required by 37 CPR 1.36. The information is required by 38 CPR 1.36 CPR 1.36